



Maine Conservation Corps Member Application



- ✓ Please read over the entire application before filling it out.
- ✓ Print neatly in **blue or black ink**. (all signatures must be original, not electronic/typed)
- ✓ Print your full name at the bottom of each page in case pages are separated.
- ✓ Use the checklist below to ensure that your application packet is complete.

RETURN APPLICATION TO:

Maine Conservation Corps
124 State House Station ♦ Augusta, ME 04333-0124
Email: corps.conservation@maine.gov Fax: 207-287-3342

Please contact the Maine Conservation Corps office if you have any questions
207-624-6085 ♦ 1-800-245-5627 (Maine only)

Application Checklist (make sure the following items are in your completed application packet with original signatures)

- ☐ MCC Application with Skills and Experience Information
- ☐ Vehicle Use Agreement form
- ☐ Waiver Agreement & Statement
- ☐ Two completed Reference Forms – can be submitted directly from your reference
- ☐ Resume (optional, but highly recommended)
- ☐ DD 214 (Veteran Community Leaders only)

All applicants selected for a position are required to bring original proof of citizenship and social security card on first day of service

APPLICANT PROFILE

1. Indicate the POSITION you are applying for:

- ☐ Veteran Community Leader ☐ Environmental Steward
☐ Trail Training Member ☐ Field Team Leader ☐ Field Team Member

2. If selected, when is the earliest day you could start _____ Latest day you could stay _____

3. Name _____ 4. Date of Birth _____
Last First Middle I. Month Day Year

4. Are you a United States Citizen, National, or lawful Permanent Resident Alien? ☐ Yes ☐ No

5. Current Address: (All information will be sent to this address unless you notify us of a change)

Number and Street City State Zip

Home Phone ☐ Work or ☐ Cell Phone E-Mail

6. Permanent Address: (where you can always be reached, such as that of a parent or guardian)

Number and Street City State Zip

7. Phone Number where messages can be left: _____

8. What level of First Aid Training are you currently certified in?

☐ None ☐ Community First Aid ☐ Wilderness First Aid ☐ Wilderness First Responder ☐ EMT

9. Check all that apply:

☐ Currently enrolled in high school - anticipated graduation date _____ ☐ High School Diploma
☐ GED ☐ Some College ☐ Associates Degree ☐ Bachelor's Degree ☐ Graduate Degree

10. Have you served in a national service program (AmeriCorps) before? ☐ No ☐ Yes

a. If so, how many terms have you serviced? ☐ 1 ☐ 2 ☐ 3 ☐ 4

b. If so, please provide the programmatic contact information for your last term of service:

Program Name: _____ Service Dates: _____

Program Email: _____ Phone: _____

11. Beginning with the most recent, list all schools attended (use additional sheets, if necessary).

A. Name of School _____ Location of School: City _____ Major/Minor _____ Type of Degree or Certificate _____	Dates Attended _____ to _____ State _____ Area of Study _____ Date Rec'd or Expected _____
B. Name of School _____ Location of School: City _____ Major/Minor _____ Type of Degree or Certificate _____	Dates Attended _____ to _____ State _____ Area of Study _____ Date Rec'd or Expected _____

EMPLOYMENT HISTORY

12. Positions held. Begin with your most recent position.

A. Present/Most Recent Employer _____ Your Title _____ Address _____ Responsibilities: _____ Reason for Leaving: _____	From _____ To _____ Hours/Week _____ Tel.# _____ City _____ State _____ Zip _____
B. Past Employer _____ Your Title _____ Address _____ Responsibilities: _____ Reason for Leaving: _____	From _____ To _____ Hours/Week _____ Tel.# _____ City _____ State _____ Zip _____

REFERENCES

13. Two references are required. Please select people who know you well and are familiar with your background. You should not ask a family member, friend, classmate or co-worker to serve as a reference. Consider asking supervisors, teachers or someone else familiar with your work experience, academic performance or community involvement. Please email or mail a copy of the MCC reference form to each of the people you identify.

Name of Reference _____ Name of Reference _____

SKILLS AND EXPERIENCE

On a separate sheet of paper, briefly respond to the following:

14. Describe any experience you have leading or working with volunteers.
15. Describe your experience with outdoor activities, including hiking, backpacking, and camping.
16. Describe your experience with trail construction and maintenance.
17. Please tell us why you would like to join the Maine Conservation Corps.

NATIONAL SERVICE CRIMINAL HISTORY CHECK CONSENT

I, (print name legibly, include middle initial) _____ SSN _____-____-____
hereby authorize the Maine Conservation Corps to conduct a national service criminal history check on me. I understand selection into the program is contingent upon the review of my criminal history. **A false statement or failure to fully disclose criminal records on the Waiver Agreement and Statement (page 6) will lead to ineligibility to work or serve with the program, including the release of current members.** I also understand that I will be given an opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the program. I understand any information relating to the criminal history check will be kept confidential and will only be shared with authorized staff, possibly including partner organization personnel.

Signature (Must be Original)

Date

CERTIFICATION

Your application must be certified with your original signature in ink. Please read carefully before signing. Unsigned applications and applications with photocopied signatures cannot be considered for admission.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as a Maine Conservation Corps member. I also understand that the information provided herein may be used to process my application for acceptance into the MCC and for other general routine purposes by the Maine Conservation Corps.

I understand that the Maine Conservation Corps and any of their host sites will be checking my references to learn about my work history and personal character. I understand these references are confidential. I give my permission for the MCC and any of their host Sites to contact any person or organization that would be useful in assessing my appropriateness for the position.

Signature (Must be Original)

Date

PLEASE HELP US – How did you find out about the Maine Conservation Corps program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Former MCC Member _____ | <input type="checkbox"/> Friend/Relative _____ | <input type="checkbox"/> Career Fair _____ |
| <input type="checkbox"/> H.S. Guidance Counselor _____ | <input type="checkbox"/> Email/Listserve _____ | <input type="checkbox"/> Maine State Career Center _____ |
| <input type="checkbox"/> Television/Newspaper _____ | <input type="checkbox"/> Internet Website _____ | <input type="checkbox"/> College Career Planning Office _____ |

OPTIONAL INFORMATION – Economically disadvantaged applicants may be able to receive preference for admissions. If you would like to be considered for this preference, please answer the following.

Do you or members of your household receive or meet the income eligibility requirements to receive public assistance such as: TANF, Food Stamps (SNAP), Medicaid, SCHIP, Section 8 housing assistance?

☐ No ☐ Yes, please specify: _____

Are you currently unemployed? ☐ No ☐ Yes If so, how long have you been unemployed? _____

TO MAINE CONSERVATION CORPS APPLICANTS
Please review this agreement and provide the required information.

I authorize the Maine Conservation Corps (MCC) and the State of Maine Department of Administrative and Financial Services/Risk Management Division to research my driving record and to contact the Maine motor vehicle registry. I understand this agreement does not guarantee that I will be authorized to operate a State of Maine vehicle.

signature

print name

date

Risk Management Division reserves the right of final approval. The vehicle may NOT be operated by this driver until approved by Risk Management Division.

Number of full years licensed: ☐ 0 to 1 ☐ 1 to 2 ☐ 2 to 3 ☐ 3+

Have you been licensed in any state(s) other than Maine within the past 5 years? ☐ Yes ☐ No

If yes, list state(s) and approximate time period:

State _____ Approx. year(s) _____

State _____ Approx. year(s) _____

State _____ Approx. year(s) _____

Have you been licensed under any other name within the past 5 years? ☐ Yes ☐ No

If yes, list other name: _____ If yes, in what state(s) _____

If you are selected for the MCC Program and your license was issued by **a state other than Maine**, you **may be asked** to submit an **official** Driving Record from each state in which you were licensed within the past 5 years. The Driving Record must be obtained **no more than six months** before the start of your MCC term of service. Upon request, driving records should be submitted to Maine Conservation Corps at 124 State House Station, Augusta, ME 04333-0124.

In addition to violations listed on the next page (if any), please disclose any vehicle accidents you have had within the past five years:

Accident Date	# Vehicles Involved	Town and State	Description of Accident

How long have you been a Maine Conservation Corps participant? ☐ New ☐ 1 term ☐ 2+ terms

MAINE CONSERVATION CORPS VEHICLE USE AGREEMENT

I (print name) _____ being age 18 or older, understand and agree that my use of the State of Maine vehicle assigned to me from ____/____/____ to ____/____/____ (maximum 1 year) shall be exclusively to fulfill the State of Maine business for which I have been engaged. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have an active, non-conditional driver's license recognized as valid in the State of Maine, have held such a license for at least one year, and that my privilege to drive is not currently under suspension. I grant permission to the State to verify my Maine license information and driving record and offer the following license information:

Date of Birth ____/____/____ License Number & State _____

One of the following MUST be checked:

- ☐ (1) I do truthfully state that, in the past 5 years, my license was not suspended and I was not convicted or adjudicated of **any** alcohol or drug-related driving violations, or of **any** unsafe vehicle operations such as speeding, improper passing, failure to yield right-of-way, or stop sign violations.
- ☐ (2) I do truthfully state that, in the past 5 years, my license was suspended or I was convicted or adjudicated of the following vehicle violations (please list; attach another page if necessary):

Type of violation: _____ Date: ____/____/____
Type of violation: _____ Date: ____/____/____

IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. BY SIGNING, YOU AGREE THAT IF YOU MAKE ANY FALSE STATEMENTS ON THIS DOCUMENT OR USE A STATE-OWNED VEHICLE OTHER THAN AS PERMITTED BY THIS AGREEMENT, RISK MANAGEMENT DIVISION IN ITS DISCRETION MAY DECIDE NOT TO INSURE YOUR OPERATION OR USE OF A STATE-OWNED VEHICLE AND MAY DECLINE TO DEFEND AND INDEMNIFY YOU IN THE EVENT A CLAIM IS BROUGHT AGAINST YOU.

Driver Signature

Date Signed

↓ For Maine Conservation Corps Use Only ↓

Signature and Title of Authorizing State Official

Date Signed

Printed Name of Authorizing Official

Maine Conservation Corps
Printed Department/Bureau Name

Official's Phone # 624-6085
Official's Fax # 287-3342

☐ Pre-approval - no job has been offered at this time

Final approval - Job has been offered and accepted as:

- ☐ Training Coordinator ☐ Senior Team Leader ☐ Field Team Leader ☐ Field Team Member
☐ Veteran Community Leader - Dept: _____ ☐ Environmental Steward - Dept: _____

↓ For Risk Management Division Use Only ↓

☐ Approved ☐ Not Approved ☐ Pre-Approval Only ☐ Approved with this restriction: _____

Department notified this date By: ☐ Fax ☐ Phone ☐ Other _____

Risk Management Signature: _____ Date: ____/____/____

Rev 09/12

WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize **Maine Conservation Corps** to submit a set of my fingerprints to the Maine State Bureau of Identification (SBI) for the purpose of identifying me and accessing and reviewing Maine and/or national criminal history records that may pertain to me. Pursuant to 42 U.S.C. §5119a, the Qualified Entity, as defined at 42 U.S.C. §5119c, may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Qualified Entity any Maine and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Qualified Entity will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Qualified Entity makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

I have ____ OR have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

I hereby declare that I am the person described below, and understand that any falsification of this statement can result in the termination of my participation.

_____ Signature	_____ Date
_____ Printed Name	_____ Date of Birth
_____ Residential Address	_____ City State Zip